

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-049,647

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53		1				
4		3					54		1				
5		3					55		1				
6		3					56		1				
7		0					57		1				
8		0					58		1				
9		0					59		1				
10		0					60		1				
11		0					61		1				
12		0					62		1				
13		0					63		1				
14		0					64		1				
15		0					65		1				
16		0					66		1				
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22		0					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27		0					77						
28		0					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49		1					99						
50		1					100						
TOTAL IND.							TOTAL IND.	1					
TOTAL DEP.							TOTAL DEP.	33					
TOTAL CLAIMS							TOTAL CLAIMS	34					

BEST AVAILABLE COPY